

James City County Human Resources 101 Mounts Bay Road, Building F Williamsburg, VA 23185 (757)-253-6680

Benefits Questionnaire & Checklist of Information to Bring to Benefits Meeting

Please review this questionnaire prior to your benefits meeting to prepare you to make the follow decisions. View the County's benefits information at: www.jamescitycountyva.gov/509/Benefits.

Flexible Spending	Accounts:	
Would you like to pa	articipate in a flexible spending a	ccount?
☐ Yes	□ No	
If yes, which type of	account(s) would you like to sele	ect?
☐ Health Care Reimb	ursement-maximum\$2550/year	☐ Child Care Reimbursement-maximum \$5000/year
How much would yo	ou like to contribute to each acco	unt?
Deferred Compens	sation:	
Deferred Compens	sation.	
Would you like to pa	articipate?	
☐ Yes	□ No	
If yes how much wo	uld you like to contribute per pay	ycheck? (% of paycheck or dollar amount)
Please bring the fo	ollowing items to your Benefit	s Orientation as they are needed to enroll in ICMA
Deferred Compens	sation Plan	
☐ Birth dates and socia	al security numbers for anyone you w	ish to name as a beneficiary for ICMA Deferred Compensation
Plan		